

Lessons From the Practice

A House Call

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The world has long ago decided that you have no working-hours that anybody is bound to respect, and nothing except extreme bodily illness will excuse you in its eyes from offering to help a man who thinks he may need your help at any hour of the day or night.

RUDYARD KIPLING*

The telephone call came at 4 AM. "Doc, could you come see my wife—she's got a horrible headache." It was 30 years ago, and I was a medical resident at the Mayo Clinic (Rochester, Minnesota). The technology explosion had not yet enveloped medicine, and the unspoken hope was that with excellent training, most medical problems could be diagnosed and successfully treated. Every three months I rotated to a different subspecialty department. Patients were plentiful, their diseases often exotic and difficult, and residents were watched over and taught by consultants with national reputations. Paradise.

One clinical rotation that almost everyone hoped to avoid, however, was the "L.A. Smith Service." This section of the clinic took care of local citizens day and night. It meant seeing people all day with common ailments, and an occasional house call was thrown in for good measure. Boring. Nothing much to be learned.

"The headache is the worst she's ever had—she can't move—and we're really scared." It was a February night in Minnesota and brutally cold. Could they wait just a few hours and then come into the clinic for evaluation? "Doc, I don't think so."

I gave up, got the address, left my warm bed, and drove through the snowbound streets to the other side of town. It was minus 20° F. The patient and her husband were a young couple, in their early 20s. She was lying in bed with a cold washcloth on her forehead. She had had

mild headaches for several months, but this one was "terrible." By the time of my arrival, however, she was feeling much better. My neurologic examination found nothing. I advised them to call me in four hours, and a neurologic consultation would be arranged. The diagnosis was simply unclear.

Later that morning, I received an urgent phone call from Pathology. "Dr Babb, remember that woman you saw a few hours ago on a house call? The ambulance just brought her in to Emergency—dead on arrival."

A gigantic lump formed immediately in my throat. My head began to pound, and I was speechless. I worked in a daze the rest of the day. What could I have missed? The answer came 24 hours later. My young patient had a colloid cyst of the third ventricle and had undoubtedly died of sudden, acute hydrocephalus. My fellow residents and various consultants tried to console me by pointing out that no one could make that diagnosis at the bedside.

I would like to think they were right. At least, on a cold winter's night, I had made a house call and had done my best. Nevertheless, the memory of this tragic event still haunts me occasionally. And yet, how would I have felt if I had stayed in bed? This was a valuable lesson that a young physician never forgot.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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*From an address given to students at London's Middlesex Hospital, October 1, 1908.